



Volunteer Program Application & Information

Please print all information clearly in ink.



MILPITAS VOLUNTEER PARTNERS

Completion of the volunteer program application does not guarantee placement or engagement as a City of Milpitas volunteer program participant. Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability. For more information please call (408) 586-3210.

Choose one: ☐ Miss ☐ Ms. ☐ Mrs ☐ Mr. **I prefer to be called by the name:** _____

Full Name: _____ Date of Birth (exclude year only if over 18): _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: () _____ Evening Phone: () _____

Driver's License No.: _____ Social Security No.: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: () _____ Evening Phone: () _____

Availability & Assignment Request

How often would you like to volunteer? _____

Please list times and days you are available to volunteer:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Times available:	_____	_____	_____	_____	_____	_____	_____

Check all areas of interest:	<input type="checkbox"/> Administrative Services	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Community Development	<input type="checkbox"/> Police Department	<input type="checkbox"/> Public Works	<input type="checkbox"/> Recreation
<input type="checkbox"/> Youth/Teen Programs	<input type="checkbox"/> Special Events	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Sports/Fitness
<input type="checkbox"/> Senior Citizens Programs	<input type="checkbox"/> Environment/Recycling	<input type="checkbox"/> Planning/Engineering	<input type="checkbox"/> Clerical Support
<input type="checkbox"/> Foreign Language/Translating	<input type="checkbox"/> Reception/Greeter	<input type="checkbox"/> Education/Training	<input type="checkbox"/> Marketing/Promotions
<input type="checkbox"/> Print Shop/Mail Processing	<input type="checkbox"/> Park Clean-up/Graffiti	<input type="checkbox"/> Other: _____	

Volunteer assignment preference (optional): _____

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)? ☐ Yes ☐ No
If "yes", please explain. A "yes" answer to this question is not an automatic bar to acceptance into the MVP program.

I hereby give Milpitas Volunteer Services permission to request and obtain data pertinent to my volunteering at City of Milpitas programs for the individual named herein, and the California State Department of Justice if necessary. I also release from all liability or responsibility all persons and institutions supplying information. I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the Milpitas Volunteer Partners program, any false statements may result in my dismissal.

I the undersigned do hereby agree to allow the individual named herein to participate in the Milpitas Volunteer Partners program and I further agree to indemnify and hold the City of Milpitas, its employees and contractors, harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this program. I also agree to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Legal Guardian (if under 18): _____ **Date:** _____

Print Name of Parent/Legal Guardian: _____

Volunteer Application

Interest and Special Skills

Interests & hobbies you would like to share: _____

Special skills you would like to share: _____

Foreign or other languages spoken fluently: _____

Are you volunteering in affiliation with an organization or special program (i.e. school, scouts, court-assigned service, etc.)? _____

Related Experience

Education:

Name of School	Dates Attended	Degree/Diploma?	Major Course of Study
_____	_____	_____	_____
_____	_____	_____	_____

Work/Volunteer Experience:

Employer/Agency	Position	Dates: From	To	Voluntary or Paid?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you currently hold any special certificates, licenses or registrations (CPR, First Aid, etc.)? Please list: _____

References

Provide two adult references who are familiar with your academic, professional or volunteer service. Do not list relatives: _____

1. Name: _____ Relationship/Occupation: _____

Address: _____

Day Phone: () _____ Evening Phone: () _____

2. Name: _____ Relationship/Occupation: _____

Address: _____

Day Phone: () _____ Evening Phone: () _____

Volunteer Services Use Only

Notes: _____

Action/Placement: _____